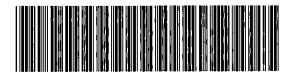
## M06000001353

(Re	questor's Name)				
(Address)					
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(Cit	y/State/Zip/Phone	<b>∍</b> #)			
PICK-UP	TIAW [	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies					
Special Instructions to Filing Officer:					
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ION SERVICE COMPANY
ACCOUNT NO. : 072100000032
REFERENCE : 357031 142543A
AUTHORIZATION :
COST LIMIT : \$ 25
ORDER DATE : December 12, 2007
ORDER TIME: 11:01 AM
ORDER NO. : 357031-005 ·
CUSTOMER NO: 142543A
CHANCE OF ACENT
CHANGE OF AGENT
NAME: ALTAMONTE PARTNERS HOLDINGS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY
CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability con	mpany is: _A	ALTAMONTE	PARTNERS HOLD	INGS, LLC
2. The mailing address of the limited l	iability com	pany is : <u>19</u>	01 6th Avenue North	, Suite 2001
		Bi	rmingham, AL 3520	3
March 7, 2006		_	M06000001353	
<ol><li>Date of filing/registration in Florida</li></ol>	•	4. Document number		
5. The name of the registered agent and Florida Department of State:	l the register	red office ad	ldress as shown o	n the records of the
		e T. Houff		
		Vame		
		Point Bouleva	ard	TASE OF
Address Tallahassee, FL 32308				
<del> </del>		ate and Zip		到了
6. The name and address of the new re	• •	•	fice:	PDEC 14 PH 3: 06 ECRETARY OF STATE
	Corporation S	Service Compa	ny	FOR 3
<del></del>		me		OFF OF
		ays Street	<del></del>	C) fi
Florida stre	et address (l	P.O. Box No	OT acceptable)	V
Tallah:		FL	32301	
	City, Stat	te and Zip		
If the limited liability company is not confirmed that after the change or char and the business office of the registere liability company, it is hereby confirm of the members of the limited hability or the operating agreement of the limit (Signature of a member of authorized representative)	nges are maded agent will ed that the classification of the company of the classification of the classificatio	le, the Florid be identical hange(s) wa	da street address of the case	of the registered office of a Florida limited by an affirmative vote
S. Perry Given, Jr., General Counsel and Secr (Printed or typed name of signee)	etary	an ar an an in the contract		
I hereby accept the appointment as recomply with the provisions of all status and I am familiar with and accept the Chapter 608, F.S. Or, if this document address, I hereby confirm that the limit	gistered age ves relative to obligations of t is being file ted liability	nt and agree to the proper of my position ed to merely company ha	e to act in this cap rand complete pe on as registered a reflect a change s been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature de Registered Agent) Sylvia Quennet, AVP		_		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00